



**Care and Treatment Committee Meeting  
 Care Resource Health Care Center, Midtown Miami  
 3510 Biscayne Blvd, 1<sup>st</sup> Floor Community Room  
 Miami, FL 33137**

**August 8, 2024 Minutes**

*Approved September 12, 2024*

#	Committee Members	Present	Absent
1	Fils Aime, Louvens		X
2	Gonzalez, Tivisay		X
3	Henriquez, Maria	X	
4	Leiva, German	X	
5	Mills, Vanessa	X	
6	Shmuels, Daniel	X	
7	Shmuels, Diego	X	
8	Trepka, Mary Jo	X	
9	Wall, Dan	X	
<b>Quorum: 4</b>			

Guests	
Brookins, Valjean	
Jimenez, Rafael	
Poblete, Karen	
Romero, Javier	
Tello, Cynthia	
Staff	
Ladner, Robert	
Meizoso, Marlen	

All documents referenced in these minutes were accessible to members and the public prior to (and during) the meeting, at <https://aidsnet.org/the-partnership#caretreatment2>.

**I. Call to Order**

*Dr. Mary Jo Trepka*

Dr. Mary Jo Trepka, the Chair, called the meeting to order at 10:08 a.m. She reminded attendees that they will be continuing the annual needs assessment process today, which will conclude with priority setting and resource allocation (PSRA) in September. Because there is a very full agenda, the Chair requested that questions be held until the end of each presentation.

**II. Introductions**

*Dr. Mary Jo Trepka*

Members, guests, and staff introduced themselves.

**III. Meeting Housekeeping**

*Marlen Meizoso*

Marlen Meizoso reviewed the meeting housekeeping presentation, which highlighted meeting decorum and general reminders to facilitate an effective meeting.

**IV. Floor Open to the Public**

*Dr. Mary Jo Trepka*

Dr. Trepka read the following:

*Pursuant to Florida Sunshine Law, I want to provide the public with a reasonable opportunity to be heard on any items on our agenda today. If there is anyone who wishes to be heard, I invite you to speak now. Each person will be given three minutes to speak. Please begin by stating your name and address for the record before you talk about your concerns.*

*BSR has a dedicated line for statements to be read into the record. No statements were received.*

There were no comments, so the floor was closed.

## **V. Review/Approve Agenda**

*All*

The Committee reviewed the agenda that was distributed and posted in advance of the meeting. Staff indicated that a correction was needed on the room location on the agenda. The room should be on the first floor, community room. Additionally, the item “2025 Estimates and Projections” should be stricken. The item will be addressed next month when additional data has been received.

**Motion to approve the agenda with the changes noted.**

**Moved: Dr. Diego Shmuels**

**Seconded: Vanessa Mills**

**Motion: Passed**

## **VI. Review/Approve Minutes of July 11, 2024**

*All*

The committee reviewed the minutes of July 11, 2024, and approved them as presented.

**Motion to accept the minutes from July 11, 2024, as presented.**

**Moved: Dan Wall**

**Seconded: Dr. Daniel Shmuels**

**Motion: Passed**

## **VII. Reports**

### **▪ Part A**

*Dan Wall*

Dan Wall reviewed the FY 2024 Ryan White Program expenditures and clients served; the complete report is posted online.

#### **□ Expenditures (FY 2024) – start 3/1/2024; data include Reallocations/Sweeps #1.1**

- **Part A:** \$21,729,679 available for Direct Client Services; \$2,122,455.92 (9.77%) paid to date compared 7.64% paid to date as of 7/9/24.
- **MAI:** \$2,240,515 available for Direct Client Services; \$211,026.50 (9.42%) paid to date compared to 4.72% paid to date as of 7/9/24.

**Note:** Carryover awards received and related award and reduction letters to recipients are being prepared. The carryover awards are not yet reflected in the attached “Contract Expenditures report put total \$795,210 (Part A) and \$1,474,770 (MAI), as requested.

□ **Service Utilization (FY 2024) – Start 3/1/2024**

Unduplicated Clients: 7,812 served through June 2024 (Part A and MAI combined) --  
(compared with 7,430 clients served through May 2024)

- 7,546 clients received Part A services; and
- 1,081 clients received MAI services

Most utilized services in June 2024, by unduplicated client count:

- **Part A:**
  - 3,901 clients – Medical Case Management (MCM);
  - 917 clients – Outpatient/Ambulatory Health Services (OAHS); and
  - 623 clients – Oral Health Care (OHC).
- **MAI:**
  - 537 clients – MCM; and
  - 108 clients – OAHS.

The following was reported on status of the 18 RWP subrecipient contracts:

- 12 contracts are fully executed;
- 1 nearly ready for Mayor’s designee and County Clerk for final signatures (contract execution), on hold for one due diligence issue;
- 1 contract is under review by the County; and
- 4 contracts are pending review by the County.

Site visits of funded Part A/MAI subrecipients are underway.

Two Federal Reports due to HRSA were submitted by the deadline: 1) The FY 2024 Program Submissions Report (including a Partnership membership roster and reflectiveness worksheet; a signed letter of allocations reports from the Partnership Chair; the HIV Care Continuum Services table; and Service Category Plan table) and 2) The FY 2024 Program Terms Report which is a report of the Partnership’s approved allocations by service category for FY 2024 funding, based on the Final Notice of Award. This report includes a Consolidated List of Contracts, by subrecipient, and their funding by service category.

The Notice of Funding Opportunity (NOFO) for FY 2025 Ryan White Part A/MAI Program services was issued (emailed) to Recipients (the County) on July 3, 2024. Applications are due October 1, 2024.

▪ *Part B*

*Marlen Meizoso*

Mrs. Meizoso reviewed the April and May Part B expenditures report (as of August 2, 2024). In April, 385 clients were served at a cost of \$49,451.97, and in May, 408 clients were served at a cost of \$87,122.52.

- *ADAP*

*Dr. Javier Romero*

Dr. Romero referenced the July expenditures report (as of August 5, 2024) indicating the enrollment, expenditures, program updates, and pharmacy additions. The list of pharmacies enrolled with Magellan for the entire state was shared and has been posted online. Attendees were reminded pharmacy selection is a client's choice.

- *Medical Care Subcommittee*

*Dr. Mary Jo Trepka*

Dr. Trepka reviewed the Medical Care Subcommittee report. Members:

- Heard updates from the Ryan White Program and AIDS Drug Assistance Program (ADAP).
- Reviewed and started to make edits to the AIDS Pharmaceutical Assistance and Mental Health Service categories.
- Discussed 2025 planning budget projects to forward to the Executive Committee. Suggestions:

- Include hard copies (double-sided) of the Ryan White summary, ADAP report, Vacancy, and Partnership motions reports at each meeting.
- Hold two focus groups addressing HIV and Aging in English, Spanish, and Haitian Creole to clarify issues of access and needs, and allow the voice of the clients to be heard:
  1. Group 1: Age 55 and older to discuss aging body and health needs; and
  2. Group 2: Age 64 ½ to discuss aging and Medicare transitioning.

Suggested budget of \$7,500 for the six groups. Maximum capacity per group of 15. Client incentive of \$50. Refreshments and transportation assistance should be included.

- Reviewed and approved clarifying language under the Ophthalmology section of the Allowable Conditions list as indicated on pages 1 and 5.

**Motion to approve the changes to the Allowable Conditions List as discussed.**

**Moved: Dan Wall**

**Seconded: Dr. Diego Shmuels**

**Motion: Passed**

Members cancelled the August meeting because of scheduling conflicts. The next MCSC meeting is scheduled for September 27, 2024, at Behavioral Science Research Corp.

- *Vacancies*

*Marlen Meizoso*

Mrs. Meizoso reviewed the vacancy report as of July 30, 2024. There are vacancies for all Committees and the Partnership. Currently there are seven vacancies on the Care and Treatment Committee. If anyone knows of candidates who may be interested in the work of the Committee,

staff encourages these persons to be invited to a Committee meeting or training, or be directed to staff for further information.

### **VIII. Standing Business**

The 2025 Planning was listed under standing business but moved to after the Community Input section during the meeting.

**Motion to move 2025 Planning until after Community Input.**

**Moved: Dan Wall**

**Seconded: Dr. Daniel Shmuels**

**Motion: Passed**

### **IX. New Business**

▪ *2023 Client Satisfaction Survey Summary*

*Dr. Robert Lander*

Dr. Lander reviewed the summary data from the 2023 Client Satisfaction survey. Results will be shared with individual providers. The survey was quota sampled but not sampled by age. Below are the key takeaways:

- Overall “very satisfied” levels for Medical Case Management (MCM) and Outpatient / Ambulatory Health Services (OAHS) services continue to be high (~80% of clients). MCM and OAHS clients report higher satisfaction with the appointment process and greater ease in getting appointments in FY 2023 than in FY 2022.
- Although levels of Oral Health Care (OHC) satisfaction with the care received are trending upward since 2021, only 61% of OHC clients are “very satisfied.” Moreover, client satisfaction with the time it takes to get an OHC appointment is below MCM and OAHS levels. OHC service and access dissatisfaction issues are a serious source of concern.
- MCM tele-health use has increased substantially over 2022 levels (68% use tele-health for half or more of their visits, up from 27%).
- Adherence counseling rates are significantly higher for MCM clients in FY 2023 than they were in FY 2022.
- RWP client satisfaction levels with Peer and MCM services are very high, even if clients do not differentiate between these two roles. Almost 75% of MCM clients reported not having a Peer as part of their care team, despite virtually all of them receiving care from MCM agencies with Peers on board. High levels of contact and “follow up support” contribute to high client satisfaction.
- The “over-50” RWP clients in care are highly satisfied with their RWP care, and although many of them have medical co-occurring conditions related to aging (diabetes, high blood pressure, arthritis), they are more likely to go to their customary PCP for care than see a specialist. Except for a higher incidence of medical co-occurring conditions, the over-50s are indistinguishable from under-50s.
- About 30% of the RWP clients say they could have used mental health services in the past year, but one out of four of these clients were frustrated in getting an appointment and did not get the help they needed. Satisfaction levels could use some improvement.

There was a request for more information on the satisfaction between telehealth vs non-telehealth services. Also, if telehealth can be reviewed by race/ethnicity and race/ethnicity/gender.

▪ *Community Input*

*Dr. Robert Ladner*

Dr. Ladner reviewed the 2024 Community Input. Listening sessions, town halls, and a community input survey have been used to gather information over the last three years. Findings from all three years were included. In 2024, a short survey was posted online which was self-administered and anonymous in addition to solicitations for calls and emails for input. Demographic information and service needs were presented but because the survey was self-administered, it is not clear that the respondents understood the definitions of the service categories.

▪ *2025 Planning*

*All*

The Committee was asked to provide input on any special projects to be included in the staff support budget for FY 2025, above and beyond the annual legislatively required activities supported by the budget. These existing activities including comprehensive planning, priority setting and resource allocation, assessing efficiency of administrative mechanism, and needs assessment. A query was sent via email, but no replies had been received in advance of the meeting. The Committee supported the Medical Care Subcommittee's project, but suggested modifying the minimum age of the first set of focus groups from 55 to 50 years of age, in line with HRSA priorities. The Committee discussed how best to hear from people not in care. A project could be developed asking questions at EHE sites, CBO testing sites, and Jackson testing. The project should address stigma, denial of being sick, access to service, mental health and substance abuse. The main question to ask is why clients are not in service, and how to deliver services for those clients who have fallen out of care.

**Motion to request BSR to generate a proposal to request an allocation to the Partnership to fund a study to look at why people are not in care, including at a minimum issues related to stigma.**

**Moved: Dan Wall**

**Seconded: Dr. Daniel Shmuels**

**Motion: Passed**

▪ *Unmet Need*

*Dr. Robert Ladner*

Dr. Ladner reviewed the Unmet Need framework table from HRSA. The top section lists Department of Health prevalence data for numerous subpopulations, sorted in descending order based on size, drawn from the FDOH epidemiological profile. The lower section lists these data for the three Ryan White priority populations: Black Males, Black Females, and Hispanic Male to Male Sexual Contact, which are also three disparity populations followed in the Integrated Plan.

▪ *HRSA PCN#16-02 and Local Service Categories*

*Dr. Robert Ladner*

The planning council must have minimal service standards for all service categories regardless of whether or not these services are funded. As part of the annual approval process, the Miami-Dade Ryan White Program Service Standards Excerpts for FY 2025 was reviewed and approved, which contains Policy Clarification Notification 16-02 with local restrictions.

**Motion to accept the Miami-Dade Ryan White Program Service Standards Excerpts for FY 2025.**

**Moved: Maria Henriquez**

**Seconded: Dr. Daniel Shmuels**

**Motion: Passed**

▪ *Summaries to Date*

*Marlen Meizoso*

Mrs. Meizoso reviewed the Summaries to Date presentation which provided enhanced highlights on the epidemic including incidence and prevalence figures, transmission rates for transgenders and persons who inject drugs, sexually transmitted infections and HIV, EIIHA information, Demographic highlights, Care Continuum highlights, Co-Occurring Conditions highlights, and a highlight of the Dashboard Cards and their multiple uses.

▪ *Next Steps and Reminders*

*Marlen Meizoso*

Mrs. Meizoso reviewed the Next Steps and Reminders presentation which provided an overview of the topics reviewed to date and those remaining. Information on special directives, priority setting, Policy Clarification Notice #16-02, conflict of interest, and resource allocation was shared. The priority setting exercise is due by August 30, 2024. The Committee was reminded that the virtual needs assessment book is posted online for reference.

The Committee requested that the meeting be extended to 1 p.m. to ensure all meeting topics are concluded.

**X. Announcements and Open Discussion**

*All*

Mrs. Meizoso announced the next Get on Board training on September 4, 2024, and New Member Orientation on September 18, 2024.

No open discussion items were raised.

**XI. Next Meeting**

*Dr. Mary Jo Trepka*

The next meeting is scheduled for Thursday, September 18, 2024, at Care Resource, from 10:00 a.m. to 1:00 p.m.

**XII. Adjournment**

*Dr. Mary Jo Trepka*

With business concluded, Dr. Trepka thanked everyone for participating in the meeting and adjourned the meeting at 12:46 p.m.